

KAYE SCHOLER LLP
425 Park Avenue
New York, NY 10022
Telephone: (212) 836-8000
Keith R. Murphy, Esq.

KAYE SCHOLER LLC
Three First National Plaza
70 West Madison Street
Suite 4100
Chicago, IL 60602-4231
Telephone: (312) 583-2300
Sheldon L. Solow, Esq.
Michael D. Messersmith, Esq.

*Counsel for Arthur Steinberg, as Receiver
for Northshore Asset Management, LLC, et al.*

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

SECURITIES AND EXCHANGE COMMISSION :
Plaintiff, :
-against- : Civil Action No.
NORTHSORE ASSET MANAGEMENT et al., :
Defendants. :
ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, : Civil Action No.
-against- : 06-CV-5024 (WHP)
UNIVERSAL GENESIS STRATEGIC :
HOLDINGS, INC. et al. :
Defendants. :
X

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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
LEO SPHIZ, : 06-CV-5564 (WHP)
Defendant. :
----- x

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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
RICHARD WHARTON, : 06-CV-5565 (WHP)
Defendant. :
----- x

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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
JIM PORTER, : 06-CV-5566 (WHP)
Defendant. :
----- x

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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
MELVIN NEWMAN, : 06-CV-5567 (WHP)
Defendant. :
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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
WALTER SCHWAB, : 06-CV-7770 (WHP)
Defendant. :
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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
GLENN SHERMAN, et al., : 07-CV-1001 (WHP)
Defendants. :
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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
BLOOMBERG, L.P. et al., : 07-CV-1208 (WHP)
Defendants. :
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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
BOMBARDIER TRUST (CANADA) et al., : 07-CV-1212 (WHP)
Defendants. :
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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
FONDATION J. ARMAND BOMBARDIER, : 07-CV-1217 (WHP)
Defendant. :
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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
:
Plaintiff, :
-against- : Civil Action No.
JOEL ASH, : 07-CV-4832 (WHP)
:
Defendant. :
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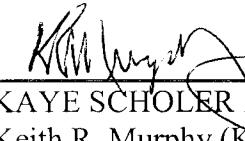
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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
:
Plaintiff, :
-against- : Civil Action No.
STEPHEN A. ALDERMAN, : 07-CV-4833 (WHP)
:
Defendant. :
----- x

----- x
ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
:
Plaintiff, :
-against- : Civil Action No.
FONDATION LUCIE ET ANDRE CHAGNON, : 08-CV-2390 (WHP)
:
Defendant. :
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SUGGESTION OF DEATH

Keith R. Murphy, counsel for Arthur J. Steinberg, Receiver of Northshore Asset Management, LLC, Ardent Research Partners L.P., Ardent Research Partners, Ltd. and Saldutti Capital Management, L.P., suggests upon the record, pursuant to Federal Rule of Civil Procedure 25(a), the death of Glenn Sherman, a defendant, during the pendency of this action. Attached hereto is a copy of a certified copy of the Medical Certificate of Death filed with the City of Chicago, Illinois Department of Public Health, Bureau of Vital Records.

Dated: New York, New York
March 21, 2008



KAYE SCHOLER LLP
Keith R. Murphy (KM-5827)
425 Park Avenue
New York, NY 10022
(212) 836-8000 telephone
(212) 836-7157 facsimile

-and-

KAYE SCHOLER LLC
Three First National Plaza
70 West Madison Street, Suite 4100
Chicago, IL 60602-4231
(312) 583-2300 telephone
(312) 583-2360 facsimile
Sheldon L. Solow, Esq.
Michael D. Messersmith, Esq.

Counsel to Arthur J. Steinberg, Receiver
of Northshore Asset Management, LLC,
et al.

BIRTH NO.	REGISTRATION DISTRICT NO.	16.10	STATE OF ILLINOIS			STATE FILE NUMBER	610954
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH						
DECEASED - NAME		FIRST	MIDDLE	SUFFIX	AGE AT DEATH	DATE OF DEATH (MONTH, DAY, YEAR)	
Glenn A. Sherman Jr.		A.		Jr.	82	3 August 11, 2007	
PLACE OF DEATH		AGE - UNDER	UNDER	UNIVERSITY	UNIVERSITY	DATE OF BIRTH (MONTH, DAY, YEAR)	
Cook		40	40	40	50	August 1, 1966	
CITY, TOWN, TWP., OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D/P OWNER, P.M. INPATIENT (SPECIFY)	
6a. Chicago		6b. Northwestern Memorial Hospital				6c. Emer. Room	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN ARMED FORCES?	
7. Pontiac, MI		8a. Married		8b. Lori S. Gutmann		9. No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 381-86-9242		11a. Entrepreneur		11b. Financial		12. 12th Grade	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP., OR ROAD DISTRICT NO.		INSTITUTION (SPECIFY)		13c. 13th Grade	
13a. 550 N. Kingsbury St. Apt. 606		13b. Chicago		13c. 13th Grade		14. 14th Grade	
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, OR ASIAN)		14b. X NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> SPECIFY:		14c. 14th Grade	
Illinois	60610	White		14d. Johnny A. Fort		14e. 14th Grade	
FATHER'S NAME		FIRST	MIDDLE	LAST	MOTHER'S NAME	FIRST	MIDDLE (MAIDEN) LAST
15. Glenn A. Sherman Jr.					16. Johnny A. Fort		
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NUMBER, CITY OR TOWN, STATE, ZIP)			
17a. Glenn A. Sherman Jr.		17b. Father		17c. 8745 Clark Rd., Chicago, IL 60616			
18. CAUSE OF DEATH (TYPE OR PRINT). Enter the cause or causes that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Enter one cause or multiple causes if applicable. Enter one cause or multiple causes if applicable. Enter one cause or multiple causes if applicable.							
19. DUE TO, OR AS A CONSEQUENCE OF (b) Circ. heart (c) Glaucoma							
PART II. ONLY FOR DEATHS DUE TO DISEASE OR INJURY		AUTOPSY (YEAR)		IF AUTOPSY FINDINGS AVAILABLE, COMPARISON OF CAUSE OF DEATH (Y/N)			
DATE OF DEATH (MONTH, DAY, YEAR)		19a. No		19b. N/A			
20. DATE OF OPERATION (MONTH, DAY, YEAR)		IF FEMALE, WAS THERE A PREGNANCY IN P. THREE MONTHS?		20a. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. DATE LAST SAW HIM/HER ALIVE (MONTH, DAY, YEAR)		21b. Yes <input checked="" type="checkbox"/>		21c. HOUR OF DEATH 2:00 A			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							
22a. SIGNATURE ► <i>Clarissa Greene</i>		DATE SIGNED (MONTH, DAY, YE)		22b. 08/15/20			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. 034-409546					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORIUM NAME		LOCATION CITY OR TOWN STATE		23e. 2008-3-15	
24a. Burial		24b. All Saints Cemetery		24c. Waterford, MI		24d. 2008-3-15	
25a. Aero Removals		NAME STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		25f. 2008-3-15	
25a. Aero Removals		919 N. Garfield		Lombard, Illinois 60148		25g. 2008-3-15	
25h. Funeral Director's Signature <i>Clarissa Greene</i>		25i. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25j. Date Filed <i>08/15/2007</i>		25k. DATE FILED <i>08/15/2007</i>					
Department of Public Health - Division of Vital Records							

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.